

Brooklyn Child Care, Inc.
VA NY Harbor Healthcare System
Brooklyn Campus
800 Poly Place
Brooklyn, New York 11209
718-630-2831
<http://www.brooklyn.va.gov/services/daycare.asp>

INFECTIOUS DISEASE/COVID-19 HEALTH POLICY

Our priority at **Brooklyn Child Care Inc.** is to ensure the health and safety of the children and staff that come to our center every day. We will not be successful without your help! Thank you! Our new health guidelines are based on recommendations set forth by our local licensing agency and Health Care Consultant which are based on The Centers for Disease Control (CDC). These practices are subject to change based on the latest information as needed. As the risk of Covid increases in our area, we are asking our families to acknowledge and agree to the following procedures.

THIS FORM MUST BE RETURNED BEFORE YOUR CHILD CAN ATTEND OUR SCHOOL.

CHILD'S NAME _____ DOB _____
CHILD'S NAME _____ DOB _____
PARENT NAME _____ DATE _____

I, (PARENT'S SIGNATURE) _____ AGREE TO KEEP MY CHILD HOME FOR **48** HOURS IF ANYONE IN MY HOUSEHOLD DISPLAYS ANY OF THE FOLLOWING SYMPTOMS OR UNTIL MY CHILD IS FEVER FREE WITHOUT FEVER REDUCING MEDICATION:

- Fever of 100
- Diarrhea
- Vomiting
- Excessive dry cough
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/issues

If my child experiences any of the above symptoms during childcare, I understand that either myself, or a person I have designated as an emergency pick up, will arrive within one hour. Administration may request a physician's note to return to care. I agree to inform the program if my child, or any family member, tests positive for COVID-19 so that the program can take necessary mandated steps. Your child's identity remains confidential. Out of respect for the other children, families and staff members, failure to abide by our policies or failure to disclose COVID-19 exposure or positive test of your child or family member may result in immediate termination from this program. I certify and acknowledge that I have read and understand the COVID-19 Health Policy and agree to the terms listed above.

Signature: _____ Date: _____

Print Name: _____

Director Signature: Tanya Lipkin